

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15907

30  
74  
56

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 32

**2. FULL NAME** Mattie M. Cooke

(a) Residence No. 409 & Jeff St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

F

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

wid

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

wa Cooke

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 9 1856

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>3</u>	<u>4</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Henry Co Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

S R Williams

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Ky

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Elmira Marx

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ky

(STATE OR COUNTRY)

**14. INFORMANT**

Miss Ida Williams

(Address)

Clinton Mo

**15. FILED**

5/14 1930 N.Y.C. Peeler  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 13 1930

**17.**

HEREBY CERTIFY, That I attended deceased from April 2, 1930 to May 13, 1930  
that I last saw her alive on May 10, 1930 and that death occurred, on the date stated above, at 8:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

arteriosclerosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Samuel A. Poague, M. D.  
3/14 1930 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Eldorado Springs 5/15 1930

**20. UNDERTAKER**

**ADDRESS**

Spore & son Clinton Mo

2. If every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Poague

